31 DAYS ON ONE PAGE

Month at a Glance

Thirty seconds each evening. After a month the page becomes a chart: stool form across the top, symptoms and likely causes lined up underneath, day by day.



SHEET 03

Name _____ **Month** _____

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
STOOL TYPE: ONE DOT FOR EVERY MOVEMENT, ON THE LINE THAT MATCHES																															
7 Watery																															
6 Mushy																															
5 Soft blobs																															
4 Smooth, soft																															
3 Cracked sausage																															
2 Lumpy sausage																															
1 Hard lumps																															
Movements how many																															
SYMPTOMS: SHADE A CORNER FOR MILD, HALF FOR MODERATE, THE WHOLE BOX FOR SEVERE (ON SCREEN, TYPE 1, 2 OR 3)																															
Bloating																															
Pain or cramps																															
Urgency																															
Straining																															
Heartburn																															
Nausea																															
Low mood or worry																															
TICK THE DAYS IT APPLIED																															
Slept badly	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
High stress	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Period	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Alcohol	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Ate late	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Away from home	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Laxative or remedy	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Medicine changed	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Moved 20 min+	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

What the month shows

Days with no movement _____ Days in the green band _____

Days of type 1 or 2 _____ Days of type 6 or 7 _____

Look down the columns on your worst days. What keeps turning up with them?

_____

_____

Rows of your own

Two rows are blank. Use them for one thing you suspect: a food, a supplement, a shift pattern. Tick the days and see whether it lines up.

! **See a doctor before relying on a tracker** if you have blood in the stool or black, tarry stool, unexplained weight loss, symptoms that wake you at night, persistent vomiting, trouble swallowing, fever with pain, or a new and lasting change in bowel habit. Heavy bleeding, collapse or sudden severe pain is an emergency.